

ACCOUNT CHANGE REQUEST

- The Account Owner should complete this form to make changes to the existing account.
- Please note that changing the terms of your account can affect when your GET units are available.
- Complete all sections of this form and include signature or processing will be delayed.

Current Account Information

GET Account Number	_____	
Account Owner	_____	
Student Beneficiary	Name _____	SSN or TIN _____
	Name _____	SSN or TIN _____

Reason for Change Request _____

1. I authorize the following account changes (if you have an active ACH or Payroll Deduction, please review sections 2 & 3):

- | | |
|--|---|
| <input type="checkbox"/> Convert | My Custom Monthly Account to a Lump Sum Account |
| <input type="checkbox"/> Downgrade | My Custom Monthly Account from _____ units to _____ units |
| <input type="checkbox"/> Other: | _____ |
|
<input type="checkbox"/> *Reduce | The payment terms on my Custom Monthly Account from _____ years to _____ years |
| <input type="checkbox"/> *Increase | The payment terms on my Custom Monthly Account from _____ years to _____ years |
| * Contact a Customer Service Specialist at 800-955-2318 for detailed information on this option | |
|
<input type="checkbox"/> **Add | A Custom Monthly Account to my existing Lump Sum Account (please complete the following): |
| # of units for Custom Monthly Account _____ # of years for payment terms _____ Monthly payment \$ _____ | |
| <small>** Note: This account change can only be completed during an enrollment period, September 15 –March 31. Please refer to the current period enrollment guide</small> | |

2. Payment Arrangements - ACH (automatic monthly deduction from checking or saving):

- | | |
|--|---|
| <input type="checkbox"/> Inactivate ACH | Approval to deactivate the active ACH associated with this GET Account. |
| <input type="checkbox"/> Change ACH amount | Authorizes GET to change existing active ACH to the amount that corresponds with the above account change request. Please indicate here \$ _____, the expected monthly ACH amount. |

3. Additional Payment Information:

- | | |
|--------------------------|--|
| Setup New ACH | Setting up a new ACH requires the Account Owner on the account to fill out and return to GET the <u>ACH Authorization Form</u> available for download from our Web site at www.get.wa.gov . |
| Payroll Deduction | Changes to Payroll Deduction require the employee to complete and submit to their Payroll Department the <u>Payroll Deduction Form</u> available for download from our Web site at www.get.wa.gov . |

Signature - REQUIRED

Only the Account Owner may authorize changes to the existing account.

I certify under penalty of perjury that I am the legal Account Owner, and I authorize these requested changes on the Guaranteed Education Tuition Program account indicated above.

Account Owner's Signature

Date

Account Owner's Email Address

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

Questions: 1-800-955-2318 or GETInfo@hecb.wa.gov